

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. BER-P-03-054 First Named Inventor or Application Identifier: BERGERSEN Express Mail Label No. EL613927554US			
ADDRESS TO: MS Patent Application Assistant Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ACCOMPANYING APPLICATION PARTS			
1. <input checked="" type="checkbox"/> Specification Total Pages <u>40</u> 2. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Pages <u>15</u> 3. <input checked="" type="checkbox"/> Declaration and POA Total Pages <u>02</u> a. <input checked="" type="checkbox"/> Newly executed (OR FAXED COPY) b. <input type="checkbox"/> Copy from prior application (37CFR 1.63(d)) (for continuation/divisional with Box 14 completed) [Note Box 4 Below] i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 4. <input type="checkbox"/> Incorporation By Reference (usable if Box 3b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		5. <input type="checkbox"/> Assignment Papers (cover sheet & documentation) including check for \$40.00 recordation fee 6. <input type="checkbox"/> Letter under 37 CFR 1.41(c). 7. <input type="checkbox"/> English Translation Document (if applicable) 8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 9. <input type="checkbox"/> Preliminary Amendment 10. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 11. <input checked="" type="checkbox"/> Small Entity status under 37 CFR 1.27 is claimed 12. <input type="checkbox"/> Statement filed in prior application, Status still proper and desired 13. <input type="checkbox"/> Certified Copy of Priority Document(s) 14. <input type="checkbox"/> Other: Communication regarding address			
14. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Provisional Conversion <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> of prior application No: 60/412,511					
CLAIMS AS FILED					
	(1) <u>NUMBER OF CLAIMS ALLOWED</u>	(2) <u>NUMBER FILED</u>	(3) <u>NUMBER EXTRA</u>	(4) <u>RATE</u>	(5) <u>BASIC FEE \$375.00</u>
	TOTAL CLAIMS <u>20</u>	<u>20</u>	<u>0</u>	<u>9.00</u>	
	INDEPENDENT CLAIMS <u>03</u>	<u>03</u>	<u>0</u>	<u>42.00</u>	
	ANY MULTIPLE DEPENDENT CLAIMS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<u>280.00</u>	<u>0</u>
				TOTAL FILING FEE ->	<u>\$375.00</u>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required in connection with this application, or credit any overpayment to DEPOSIT ACCOUNT NO. 50-0595 . A duplicate copy of this sheet is enclosed.					

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DATE OF DEPOSIT: September 18, 2003

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MS Patent Application
Asst. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CONTENTS:

Our Case No.: BER-P-03-054

Patent application for: BERGERSEN

Entitled: "A SYSTEM OF DENTAL APPLIANCES HAVING VARIOUS SIZES AND TYPES AND A METHOD FOR TREATING MALOCCLUSIONS OF PATIENTS OF VARIOUS AGES WITHOUT ADJUSTMENTS OR APPOINTMENTS"

ENCLOSED:

1. Patent Application Transmittal (in duplicate)
2. Specification (40 pages) (including one page abstract)
3. Drawings (15 sheets of 1, 2, 3, 4, 5, 6, 7, 8, 9A, 9B, 10, 11, 12, 13, 14, 15, 16, 17, 18A, 18B, 19A, 19B, 19C, 20, 21, 22, 23A, 23B, 24, 25A, 25B, 26, 27, 28A, 28B, 29, 30A, 30B, 31A, 31B and 32)
4. Check for \$375.00
5. Declaration and Power of Attorney
6. Return receipt postcard


Signature of person mailing documents and fees